



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF HEALTH AND HUMAN SERVICES
DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HEALTH PROFESSIONS LICENSURE
BOARD OF REGISTRATION OF NURSING HOME ADMINISTRATORS
239 CAUSEWAY STREET, SUITE 200
BOSTON, MA 02114
800-414-0168
www.mass.gov/dph/boards

REQUEST FORM

Use this form to report a name change, address change and/or request for duplicate license.

Mail requests to the address above to the attention of the Board.

Check one:

☐ NAME CHANGE

☐ ADDRESS CHANGE

☐ DUPLICATE LICENSE

Print/type clearly the information as it
CURRENTLY SHOWS on your license:

Name: _____

Address: _____

City/Town: _____

State: _____

Board Code: NH

Lic. No: _____

Lic. Type: _____ License _____

SSN (Mandatory): _____

Birth Date: _____

Expiration Date: _____

Print/type clearly the information as you
wish it to appear on your **NEW** license.

Name: _____

Address: _____

City/Town: _____

State: _____ **Zip Code:** _____

For a name change, you **MUST** return your current license
and submit certified documentation.

For official use only:

Fee: _____

Date Received: _____

Initial: _____

If your current license has been **lost or stolen**, please check here. _____

For address changes only, do not return your current license. All addresses are subject to disclosure upon request, pursuant to MGL, Ch.4, Section 7.

Under the penalties of perjury, I declare that the information provided herein is a truthful and complete statement of the information required.

Signature

Telephone Number

Date

Fees:

1. Duplicate License \$17.00

2. Name change with new license \$27.00

3. Address changes only no fee

**Make check or money order payable to the Commonwealth of MA.
DO NOT SEND CASH**

